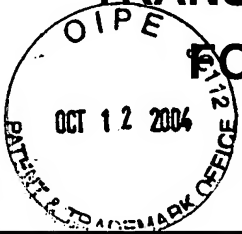
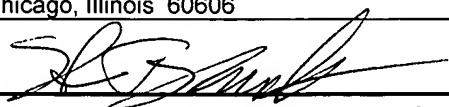
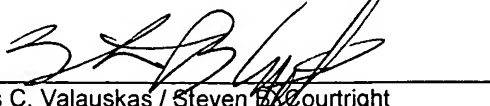


TRANSMITTAL FORM 	Attorney Docket No.	2520/20
	Application Number	10/089,823
	Filing Date	April 3, 2002
	First Named Inventor	Hutchins
	Group Art Unit	2875
	Examiner	Negron, Ismael

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment and Response to Office Action of 5-5-2004 <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (dupic) - \$214 Check <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Request of Refund <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	33	Minus	33	0	x \$9=	\$		x \$18=	
Indep.	4	Minus	6	0	x \$43=			x \$86=	
First Presentation of Multiple Dep. Claim					+\$150=			+ \$300=	
					total add'l fee	\$		total add'l fee	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Charles C. Valauskas, Registration No. 32,009 Steven B. Courtright, Registration No. 40,966 Baniak Pine & Gannon 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date	October 5, 2004
CERTIFICATE OF MAILING			
I hereby certify that this is being deposited with the U.S. Postal Service as First Class Mail on the date indicated below and is addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450			
Signature		Date:	October 5, 2004
Charles C. Valauskas / Steven B. Courtright			